



U.S. Small Business Administration

OMB No: 3245-0096
Expiration Date: 10-31-2002

NOMINATION FOR THE SMALL BUSINESS PRIME CONTRACTOR OF THE YEAR AWARD

NAME AND ADDRESS OF PRIME CONTRACTOR NOMINEE	NAME OF PRINCIPAL OFFICER OR OWNER
	TELEPHONE NUMBER
NAME AND ADDRESS OF NOMINATING FEDERAL AGENCY	NAME OF EVALUATOR
	TELEPHONE NUMBER
	CODE: (A-K)
	SEQUENCE NO.: _____

CODE: (A-K)	
SEQUENCE NO.: _____	

SECTION I - INSTRUCTIONS TO FEDERAL AGENCY

- A. For each procuring activity location, select no more than two outstanding small firms who have demonstrated excellence in performing work under contract. Use separate forms for each.
- B. One small business nominee should be located within the SBA Region of the nominating procuring activity. The other small firm may be nominated providing the firm is located in another SBA Region.
- C. When in doubt regarding a firm's size, consult with your regional SBA office.
- D. In order to keep judging objective, please do not refer to any company names or identifiers in Section II through Section VI.
- E. List statistical data requested in Section II.
- F. Evaluate the small firm in each of the areas described in Sections III through VI using only the space provided in this form.
- G. Make remarks pertinent to each question and ensure that comments justify the evaluator's score. Leave judges' check boxes blank.
- H. Brochures or additional supplements or pages are not authorized. Supplemental data will result in disqualifying the small business nominee from further consideration.
- I. Mail all nomination forms directly to the SBA Regional Office serving the area in which your agency is located.
- J. Do not nominate previous Regional winners if they have been winners within the last 5 years.
- K. Nomination by a federal agency of a small business concern for consideration of this award is strictly voluntary.

SECTION II - PRIME CONTRACTOR STATISTICAL DATA

A. Total number of years in business	_____
B. Total number of employees	_____
C. Current sales volume (latest 12 months)	_____
D. Percent of commercial sales (same period)	_____
E. Percent government sales (same period)	_____

DO NOT WRITE IN THIS SPACE

F. Nominator's contracts with nominee (latest 12 months)

1. Value of contracts
2. Number of contracts completed
3. Duration of most contracts
4. Number of items delivered, if applicable
5. Other descriptions of work that nominator considers applicable,
e.g. various types of services

G. Type business (check one block only)

- ☐ Manufacturer, electrical and/or mechanical assembly operations, fabrication capacity and test capability and produces finished products either to proprietary, military/space, or contractor drawings.
- ☐ Fabricator, one who is primarily a fabricator of tools, dies, fixtures, machine or sheet metal subassemblies or components made to contractor drawings or specifications.
- ☐ Processor, one who is primarily a processor of materials and performs anodizing, welding, brazing, heat treating, plating, or painting operations to contractor drawings or specifications.
- ☐ Distributor, one who is primarily a wholesaler, or jobber, and maintains an inventory of manufactured products of others for distribution.
- ☐ Services, one who performs either professional or nonprofessional services or provides items of software.
- ☐ Construction.
- ☐ Other, describe:

H. Principal Products or Services: _____

I. Brief/history/background of contractor nominee. USE PAGE 6 FOR ADDITIONAL REMARKS _____

SECTION III - CONTRACTOR ORGANIZATION

Evaluator
ScoreJudges'
Score

A. Management - Assess contractor's ability to organize and utilize its own resources to ensure accomplishment of business objectives.

10	9	8	7	6	5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Superior				Excellent			Very Good		Satisfactory

B. Financial Stamina and Controls - Evaluate contractor's financial condition, ability to assume financial risk, and determine the adequacy of his accounting system.

10	9	8	7	6	5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Superior				Excellent			Very Good		Satisfactory

C. Labor Relations - Appraise management's employee relations, including equal employment opportunity compliance.

10	9	8	7	6	5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Superior				Excellent			Very Good		Satisfactory

SECTION IV - CONTRACTOR OPERATIONSEvaluator
ScoreJudges'
Score

A. Customer Interface - Assess contractor's ability to understand contractual work tasks, make timely progress reports, and evaluate his/her willingness to function as a member of the team.

10	9	8	7	6	5	4	3	2	1		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Superior				Excellent		Very Good		Satisfactory			

B. Technical Capabilities - Evaluate contractor's capability, ability to resolve complex problems, and identify any unusual expertise.

10	9	8	7	6	5	4	3	2	1		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Superior				Excellent		Very Good		Satisfactory			

C. Resource Utilization - Appraise contractor's use of capital assets, cash flow, and determine how effectively resources are employed.

10	9	8	7	6	5	4	3	2	1		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Superior				Excellent		Very Good		Satisfactory			

SECTION V - CONTRACTOR PERFORMANCEEvaluator
ScoreJudges'
Score

A. Cost Performance - Assess the competitive posture of the prime contractor from a pricing standpoint and determine its ability to control costs and yield profitable results.

10	9	8	7	6	5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Superior				Excellent		Very Good		Satisfactory	

B. Delivery Performance - Evaluate the contractor's delivery performance compared to contractual requirements.

10	9	8	7	6	5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Superior				Excellent		Very Good		Satisfactory	

C. Quality Performance - Appraise contractor's compliance with engineering specifications, test and inspection requirements and statement of work requirements; and ascertain the reliability of the contractor's product in an operating environment.

10	9	8	7	6	5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Superior				Excellent		Very Good		Satisfactory	

SECTION VI - SUMMARYEvaluator
ScoreJudges'
Score

A. Overall Evaluation - Describe special achievements, exceptional results, or any significant aspect of this contractor's management, operation, or performance not mentioned elsewhere.

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Superior

Excellent

Very Good

Satisfactory

ADDITIONAL REMARKS

PLEASE NOTE: The estimated burden hours for the completing this form is 4 hours per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0096)

PLEASE DO NOT SEND FORMS TO OMB.